

Standard Form No. 1034—Revised

Form prescribed by
Comptroller General, U. S.
September 7, 1960
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1962)

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

U. S. _____
(Department, bureau, or establishment)

Page 1 of 4

PAID BY

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., _____
Payee's Account No. _____

To _____
Thompson Ramo Wooldridge, Inc.
(Payee)

Los Angeles 45, California
(Address) (City) (State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Invoice No.					
		2365				25,776	88 ✓
		2366				103	71 ✓
		2367				13,703	29 ✓
		2368				25	48 ✓
		2369				1,410	29 ✓
		2370				2	02 ✓
		2371				141	64 ✓
		2372				1,059	89 ✓
		2373				17	27 ✓

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040172-2

Use continuation sheet(s) if necessary

continued

Shipped from

to

Weight

Government R/A N

Standard Form No. 1034—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 1)
(Amended February 20, 1952)

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

D. O. Vou. No. _____

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Bu. Vou. No. _____

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To Thompson Ramo Wooldridge, Inc.
(Payee)

Los Angeles 45, California

(Address) (City) (State)

Page 2 of 4

PAID BY

		(City)		(State)				
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUANTITY	UNIT PRICE		AMOUNT	
		Discount Terms	Invoice No.		Cost	Per	Dollars	Cts.
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>			2374				234	71 [✓]
			2375				7,763	56 [✓]
			2376				54	27 [✓]
			2377				7,673	72 [✓]
			2378				227	84 [✓]
			2379				129	35 [✓]
			2380				227	70 [✓]
			2381				9,023	68 [✓]
			2382				8	10 [✓]
Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040172-2				continued				
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continued

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PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. _____

Page 3 of 4

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THE UNITED STATES, Dr., Payee's Account No. _____

To Thompson Ramo Wooldridge, Inc.
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Los Angeles 45, California

(Address) (City) (State)

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUANTITY	UNIT PRICE		AMOUNT	
		Discount Terms	Invoice No.		Cost	Per	Dollars	Cts.
			2383				14,767	61 ✓
			2384				176	11 ✓
			2385				14	89 ✓
			2386				581	92 ✓
			2387				6,460	60 ✓
			2388				417	54 ✓
			2389				10,986	15 ✓
			2390				69	85 ✓
			2391				27	30 ✓

PAYMENT: Complete ☐ Partial ☐ Final ☐

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continued

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total _____

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. _____

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U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)
Thompson Ramo Wooldridge, Inc.

Los Angeles 45, California

(Address) (City) (State)

Page 4 of 4

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Discount Terms	Invoice No.				
			2392			523	06✓
			2393			9,021	98✓
			2394			7	33✓
			2395			9,557	30✓

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 120,195 04✓

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

(Sign original only)

Differences _____

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for _____
(Signature or initials) _____ 120,195 04 25X1A

Per _____ Title _____
Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for

† Approved for \$ _____

By _____

SIGN
ORIGINAL
ONLY

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

STATINTL

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____ } favor of payee named above.
Payee _____
(Sign original only)

* When a voucher is signed or recopied in the name of a company or corporation, the name of the person writing the company or corporation must be stated, as in the following examples: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____